

**NORTH CAROLINA DIVISION OF AGING AND ADULT SERVICES
NC AREA AGENCIES ON AGING**

**PERFORMANCE REVIEW TOOL
FOR GROUP RESPITE PROGRAMS**

Agency _____

Interviewer _____

Date _____

Program Indicators	Yes	No	N/A
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1. Policies and Procedures:

The program adheres to the following written policies and procedures:

A. A Mission Statement (GR p.9)	_____	_____	_____
B. An Organizational Chart (GR p.9)	_____	_____	_____
C. Statement of targeted population as having cognitive or physical impairments that do not require hands on care (GR p.3)	_____	_____	_____
D. Statement of admissions and discharge criteria which is provided to families at the time of enrollment in the program (GR p.5)	_____	_____	_____
E. Provision for no fewer than two care team members at any program session (GR p.7)	_____	_____	_____
F. Program operates a minimum of 3 hours and less than 6 hours each day it is open (GR p.2)	_____	_____	_____
G. Program operates from 1-4 days per week (GR p.2)	_____	_____	_____
H. Policies to be followed in the event of a missing participant (GR p.6)	_____	_____	_____
I. A designated First Responder has current CPR training (GR p.7)	_____	_____	_____
J. Safety and emergency policies have been reviewed and initialed by program manager semi-annually (GR p.9)	_____	_____	_____

	Yes	No	N/A
K. Other policies have been reviewed and initialed by program manager annually (GR p.9)	_____	_____	_____
L. Written policies indicate the maximum number of participants that can be enrolled based on either the size of the program space or the number of staff and volunteers (GR p.4)	_____	_____	_____
M. Policy indicated that either the caregiver or the participant must be 60 year or older (GR p.3)	_____	_____	_____

2. Building and Grounds:

A. The space complies with all applicable local, county, state, and federal building regulations, zoning, fire and health code ordinances (GR p.4)	_____	_____	_____
B. The portion of the building utilized for the respite program has a minimum of 40 square feet of indoor space per participant (GR p.4)	_____	_____	_____
C. Comfortable chairs are available for the maximum number of potential participants to sit and socialize (GR p.4)	_____	_____	_____
D. There is seating at tables with straight chairs for all potential participants (GR p.4)	_____	_____	_____
E. The program has adequate provision to keep participants and staff comfortable in hot and cold weather (heating system and air conditioning or fans) (GR p.5)	_____	_____	_____
F. The program has two restrooms available, at least one of which is handicapped accessible or a minimum of 1 toilet for 12 adults (GR p.4)	_____	_____	_____
G. Space is available during program hours for private conferences or conversations (GR p.4)	_____	_____	_____

	Yes	No	N/A
H. The program space is smoke free (GR p.4)	_____	_____	_____
I. The program area is clean with no visible dirt or dust on the floor or furniture (GR p.4)	_____	_____	_____
J. Flooring surface is safe for participants (GR p.4)	_____	_____	_____
K. Exits from the program are secured while the program is operating either by alarms, secured outside areas (with fencing), or by staff supervision (GR p.6)	_____	_____	_____
L. Provision is made for clients' entrance in inclement weather (i.e., sheltered entrance, large umbrellas, etc.) (GR p.5)	_____	_____	_____
M. The program space is well lighted (GR p.4)	_____	_____	_____
N. A telephone is accessible in the building (GR p.5)	_____	_____	_____
O. The program setting is handicapped accessible (GR p.4)	_____	_____	_____

3. Staff and Volunteers (Service Team):

A. The ratio of staff and volunteers to participants is no fewer than 1:3 (GR p.9)	_____	_____	_____
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Each staff and volunteer (service team member) file contains:

B. Application form with information on referral source, background experiences, interests and skills (GR p.10)	_____	_____	_____
C. Job Description (GR p.10)	_____	_____	_____
D. Signed checklist that indicates person has received training on: (GR p.10)			
▪ Safety issues	_____	_____	_____

	Yes	No	N/A
<ul style="list-style-type: none"> ▪ Confidentiality policies and procedures outlined in the Home and Community Care Block Grant Manual (GR p.8) 	_____	_____	_____
<ul style="list-style-type: none"> ▪ Participant rights statement 	_____	_____	_____
E. Document signed that to the best of their knowledge they do have a health condition that would put others at risk (GR p.7)	_____	_____	_____
F. Results of a baseline test for tuberculosis (GR p.7)	_____	_____	_____

4. Program:

A. Cognitively impaired program participants wear name badges while in the program (GR p.6)	_____	_____	_____
B. If program lasts through a meal hour, a meal is scheduled and included in monthly calendar (GR p.7)	_____	_____	_____
C. Snacks are served in the morning and/or afternoon (GR p.7)	_____	_____	_____
D. The program has an Advisory Board that meets on a regularly scheduled basis (GR p.10)	_____	_____	_____
E. The program has liability insurance coverage for employees, volunteers and advisory board members (GR p.11)	_____	_____	_____

In an examination of 4 participant files, randomly selected, each files has the following:

F. Client registration form (DAAS-101 or DSS-5027) dated within 12 months (GR pp.5 and 8)	_____	_____	_____
G. Recognizable photo of participant (GR p.5)	_____	_____	_____
H. Participant's health form signed by a qualified health professional (GR p.5)	_____	_____	_____

	Yes	No	N/A
I. Assessment form dated within 12 months (GR pp.5 and 8)	_____	_____	_____
J. Document signed by caregiver (or the participant if he/she lives alone) that participant does not have a health condition putting others at risk (GR p.5)	_____	_____	_____
K. Authorization from the caregiver for administration of medications (if applicable) (GR p.5)	_____	_____	_____
L. A client contribution form signed by the caregiver or participant (GR p.6)	_____	_____	_____

5. The following are recommended in the standard:

Participant files contain the following:

A. Release forms permitting the use of photographers and/or names of participants (GR p.6)	_____	_____	_____
B. Form permitting participation in field trips (GR p.6)	_____	_____	_____
C. Advance directives for participants who have such directives (GR p.6)	_____	_____	_____
D. The program sponsors a support group (optional) (GR p.10)	_____	_____	_____
E. Volunteers are recognized annually for their contributions to the program (GR p.10)	_____	_____	_____
F. The program provides transportation for participants (optional) (GR p.7)	_____	_____	_____